



# City of Salinas

Finance Department

## Garage Sale Permit Order Form

Name of Applicant: \_\_\_\_\_

Address of Proposed Sale: \_\_\_\_\_

Please submit a copy of your ID with the completed application. The address on your ID MUST match the address of the proposed sale. If your ID has a P.O. Box, you can submit proof of residency in the form of a utility bill. The name/address on the utility bill must match the name/address on the application.

Date(s) of Proposed Sale (Choice of Two Consecutive Weekends OR Three Consecutive Days Fri-Sun):

\_\_\_\_\_ through \_\_\_\_\_  
\_\_\_\_\_ through \_\_\_\_\_

### If Paying by Credit Card:

Cost of Permit	\$	13.50
Add: 3% Credit Card Fee	\$	0.40
<b>TOTAL AMOUNT DUE</b>	<b>\$</b>	<b>13.90</b>

*For Finance use only:*      Payment Code: GAR

### If Paying by Cash, Check, or Money Order:

Mail form & payment to: Finance-Revenue  
P.O. Box 1996  
Salinas, CA 93902

<b>TOTAL AMOUNT DUE</b>	<b>\$</b>	<b>13.50</b>
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*For Finance use only:*      Payment Code: GAR

If you are unable to have your sale because of rain, please return the following business day to reschedule. Sales permitted only between the hours of 8:00 am and 6:00 pm. I have reviewed Ordinance No. 1525 (N.C.S.) and agree to comply with its provisions.

**Applicant Declaration:** I certify that I am the owner of the personal property, owned, utilized, and maintained by members of my family in connection with my residence, to be offered for sale; that this property was not acquired or consigned to me for the purpose of resale; and that no previous sale of this type has been held by me or on these premises within the twelve month period immediately prior to the date of this application.

**Sign Display:** A sign no larger than four square feet in area may be displayed on the premises announcing the sale during the permitted time of the sale. No sign shall be displayed at any location off the premises.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Credit Card Information

The following information is required to process a credit card transaction. Once processed, the form will be shredded, and your receipt will be mailed with the permit.

Credit Card:

Name as it appears on credit card: \_\_\_\_\_

Billing Address:

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Card Security Code (CVV, 3-digit number on back of card): \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_ (Total Amount Due)

**Signature of Card Holder:** \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone number: \_\_\_\_\_

Mail Permits to: \_\_\_\_\_

To submit via email: Click the button in the top right corner of this document  
OR email to: [eGarageSale@ci.salinas.ca.us](mailto:eGarageSale@ci.salinas.ca.us)  
OR fax the form to: (831) 758-7210, Attn: Finance-Revenue at Permit Center